

STATE OF CALIFORNIA BCIA 8299 (Rev 12/2015)

## ANNUAL SURVEY FOR DEATH IN CUSTODY

Date of Death (MM/DD/YYYY)	Name (Last, First, Middle)	WALK
01/05/2015	DEMMG, JOHNATHAN PATE	LCK Se.
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		No. 2
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86	Please attach a separate sheet if r	eeded
, w	Year of Report To	tal Number of Deaths
Agency Name: 4	REASONTON POLICE DEPRETM	ATRCICIORI: CA COIL 600
	ERGEANT ERIC GORA	
Mailing Address: _	4833 BORNANE	
p <sup>1</sup> = ±	FLEASANTON CA 945766	
Phone Number:	7259315100 E-mail: E	600A DUTTUF PUCKSANTONIC
9	MAIL, FAX, OR E-MAIL COMPLETED	FORM TO:

Department of Justice
Criminal Justice Statistics Center
Death in Custody Survey
P.O. Box 903427
Sacramento, CA 94203-4270

FAX: (916) 227-0427 E-Mail: Lynn.Hoang@doj.ca.gov

### DEATH IN CUSTODY REPORTING FORM

BCIA 713 (rev. 11/05) **Z**ORIGINAL ☐ AMENDMENT DOJ USE ONLY RECORD KEY **SUBJECT NAME** DATE OF DEATH **AGENCY TYPE** Last Police ☐ Sheriff DATE OF BIRTH Probation CII NUMBER State 29 Other Local AGENCY NCIC NUMBER **GENDER** RACE/ETHNICITY (Check One) Male Korean Other Asian Female Laotian □ Black COUNTY Other Chinese Cambodian Pacific Islander  $\Box$ Filipino ☐ Samoan Guamanian ☐ Hawaiian DOJ USE ONLY □ Vietnamese Hispanic **CUSTODY OFFENSE** American Indian 🕰 White Asian Indian Japanese **LOCATION WHERE CAUSE CUSTODIAL RESPONSIBILITY CUSTODY STATUS** OF DEATH OCCURRED (Check One)
Process of Arrest AT TIME OF DEATH (Check One) (Check One) □ Not Applicable (Natural) Process of Arrest 🔲 In Transit Crime/Arrest Scene City Jail Awaiting Booking Facility -- Administrative County Jail Booked - No Charges Filed ☐ Facility -- Booking ☐ Adult Camp or Ranch Booked - Awaiting Trial ☐ Facility -- Living □ Local Juvenile Facility/Camp Sentenced ☐ Facility -- Common ☐ Facility -- Holding ☐ Adult Operations and Adult Programs (formerly CDC) Out to Court Division of Juvenile Justice (formerly CYA) Other ☐ Facility -- Medical Treatment ☐ State Hospital □ Other □ Other **MEANS OF DEATH** MANNER OF DEATH **FACILITY OF DEATH** (Check One) (Check One) (Check One) Pending Investigation Crime/Arrest Scene
Local Hospital Pending Investigation Not Applicable (Natural) □ Natural Handgun ☐ Accidental -- Injury to Self ☐ City Jail Rifle/Shotgun ☐ Accidental -- Injury by Other □ County Jail ☐ Club, Blunt Instrument ☐ Adult Camp or Ranch ☐ ·Suicide ☐ Homicide Willful (Law Enforcement Staff) ☐ Hands, Feet, Fists Local Juvenile Facility/Camp Knife, Cutting Instrument ☐ Homicide Willful (Other Inmate) Adult Operations and Adult Hanging, Strangulation Homicide Justified (Law Enforcement Staff): Programs (formerly CDC) Alcohol/Drug Overdose Homicide Justified (Other Inmate) Division of Juvenile Justice Execution: Lethal Gas/Injection Execution (formerly CYA) Cannot Be Determined Cannot Be Determined State Hospital Other Other DATA SUPPLIED BY (Please print the following information): Title: SERGEANT Telephone: 925 931 5283 EASANTON POUCE DOPT. 33 BERLAL ANG. PLOASANTON

Criminal Justice Statistics Center

P.O. Box 903427

Sacramento, CA 94203-4270

Facsimile: (916) 227-0427 or 227-3561

Telephone: (916) 227-3545



## ANNUAL SURVEY FOR DEATH IN CUSTODY

Date of Death (MM/DD/YYYY)	Name (Last, First, Middle)
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	Year of Report Total Number of Deaths
Agency Name: 🏻 🖺	easanton Police Department NCIC/ORI: CAOOIIIOO
0.00	REDANT BUC GORA (RETO)
	PO Box 909
0:	Pleasanton, CA 94566
Phone Number:	125-931-5100 E-mail: Etoere Corrofficaçautro Lox 60x
_	MAIL. FAX. OR E-MAIL COMPLETED FORM TO:
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Department of Justice Criminal Justice Statistics Center Death in Custody Survey P.O. Box 903427 Sacramento, CA 94203-4270

FAX: (916) 227-0427 E-Mail: Lynn.Hoang@doj.ca.gov



## ANNUAL SURVEY FOR DEATH IN CUSTODY

Date of Death (MM/DD/YYYY)	Name (Last, First, Middle)
05/20/2017	ESTILL SHALLOS, EDWARD
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	2017
4	Year of Report Total Number of Deaths
Agency Name: T	LEARANTON POLICE DEPT NCICIORI: CADOII 100
	ERboralt Beic Goer
Mailing Address:	4833 BEENAL AVENUE
	PLEASANTON, CA, 9457AD
Phone Number: 9	
-	MAIL, FAX, OR E-MAIL COMPLETED FORM TO:
1	Department of Justice

Department of Justice
Criminal Justice Statistics Center
Death in Custody Survey
P.O. Box 903427
Sacramento, CA 94203-4270

FAX: (916) 227-0427 E-Mail: Sylvia.Garza@doj.ca.gov

DEATH IN CUSTODY REPORTING FORM ☐ AMENDMENT X ORIGINAL **DOJ USE ONLY** RECORD KEY **DATE OF DEATH SUBJECT NAME** 05 100 るいつ ESTILL SHANNON **AGENCY TYPE** Police YYYY Last Middle ☐ Sheriff Probation **CII NUMBER** DATE OF BIRTH State 05917905 Other Local **AGENCY NCIC NUMBER** GENDER RACE/ETHNICITY (Check One) Male Other Asian ☐ Korean COUNTY Female ☐ Black Laotian ☐ Chinese ☐ Other Cambodian Pacific Islander Filipino ☐ Samoan DOJ USE ONLY ☐ Guamanian ☐ Hawaiian **CUSTODY OFFENSE** ☐ Hispanic Vietnamese ☐ American Indian ➤ White PE 273.4, DC148, PC417(c) Japanese Asian Indian **CUSTODY STATUS CUSTODIAL RESPONSIBILITY LOCATION WHERE CAUSE** (Check One) AT TIME OF DEATH OF DEATH OCCURRED Process of Arrest (Check One) (Check One) 🗖 In Transit Process of Arrest Not Applicable (Natural)
Crime/Arrest Scene Awaiting Booking City Jail ☐ County Jail Booked - No Charges Filed ☐ Facility -- Administrative Booked - Awaiting Trial □ Adult Camp or Ranch ☐ Facility -- Booking ☐ Sentenced Local Juvenile Facility/Camp ☐ Facility -- Living Out to Court Adult Operations and Adult Programs (formerly CDC) ☐ Facility -- Common Division of Juvenile Justice (formerly CYA) Other ☐ Facility -- Holding State Hospital ☐ Facility -- Medical Treatment ☐ Other Other **FACILITY OF DEATH** MANNER OF DEATH MEANS OF DEATH (Check One) (Check One) (Check One) Crime/Arrest Scene Pending Investigation Pending Investigation Local Hospital □ Natural Not Applicable (Natural) ☐ City Jail Accidental -- Injury to Self ☐ Handgun County Jail Accidental -- Injury by Other Rifle/Shotgun ☐ Suicide ☐ Adult Camp or Ranch Club, Blunt Instrument ☐ Homicide Willful (Law Enforcement Staff) Local Juvenile Facility/Camp Hands, Feet, Fists Adult Operations and Adult ☐ Homicide Willful (Other Inmate) Knife Cutting Instrument Programs (formerly CDC) Homicide Justified (Law Enforcement Staff) Hanging, Strangulation Division of Juvenile Justice Homicide Justified (Other Inmate) Alcohol/Drug Overdose (formerly CYA) Execution Execution: Lethal Gas/Injection State Hospital □ Cannot Be Determined Cannot Be Determined □ Other □ Other □ Other

DATA SUPPLIED BY (Please print the following information):

Name: Second ERIC GARA

Title: GEGENAT

Agency: PLEASANTE DD

Telephone: 9259315283

Address: 4837 BORNAL AVE AUE PLOASINGON CHA4566

Send completed form to: Department of Justice

Criminal Justice Statistics Center

P.O. Box 903427

Sacramento, CA 94203-4270

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# Pleasanton Police Department



2017 Use Of Force Report

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	Jan	Feb	Mai	Apr	May	Jun	luL	Aug	Sep	Oct	Nov	Dec	Total
Control Hold/Takedown	2	2	0	1	2	4	2	0	1	3	1	5	23
Oleoresin Capsicum Spray	0	0	0	0	0	0	0	0	0	0	0	0	0
Impact Instrument	0	0	0	0	0	0	0	0	0	0	0	0	0
Conducted Energy Device	0	0	0	0	0	0	0	0	0	0	0	0	0
Kinetic Energy Device	0	0	0	0	0	0	0	0	0	0	0	0	0
Canine	0	0	0	0	0	0	0	0	0	0	1	0	1
Carotid Control Hold	0	0	0	0	0	0	0	0	0	0	0	0	0
Firearm	0	0	0	0	1	0	0	0	0	0	0	0	1

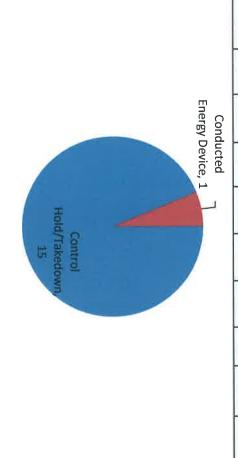


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2016 Use Of Force Report

	ner	Feb	Mar	Apr	May	Jun	Inf	Aug	Sep	Oct	Nov	Dec	Total
Control Hold/Takedown	0	1	1	0	3	0	0	4	2	1	ယ	0	15
Oleoresin Capsicum Spray	0	0	0	0	0	0	0	0	0	0	0	0	0
Impact Instrument	0	0	0	0	0	0	0	0	0	0	0	0	0
Conducted Energy Device	1	0	0	0	0	0	0	0	0	0	0	0	1
Kinetic Energy Device	0	0	0	0	0	0	0	0	0	0	0	0	0
Canine	0	0	0	0	0	0	0	0	0	0	0	0	0
Carotid Control Hold	0	0	0	0	0	0	0	0	0	0	0	0	0
Firearm	0	0	0	0	0	0	0	0	0	0	0	0	0
		)	Canalinated										



There were no DOJ reportable incidents during 2016. California Department of Justice (DOJ) requires Law Enforcement Agencies report incidents of force where serious injuries were sustained or a firearm was discharged.